

AUTHORIZATION FOR RELEASE OF TAX INFORMATION

Excise Tax Administration, Room 234
Arkansas Department of Finance and Administration
P. O. Box 8054
Little Rock, Arkansas 72203-8054
Telephone: (501) 682-7200 *Fax:* (501) 682-7900

*Company Name: _____

Address: _____

F.E.I.N.: _____ S.S.N.: _____

Do you have employees in Arkansas?

Taxable Corporation? _____ Sub-S? _____ Partnership? _____ Sole Proprietorship? _____

*If subsidiary of a parent corporation filing a consolidated return with Arkansas, give the name of parent and parent federal employer identification number (FEIN). If business is a Sole Proprietorship enter the social security number (SSN) of the owner in addition to the FEIN of the business.

AUTHORIZATION FOR RELEASE

The taxpayer indicated above hereby authorizes the release of tax information maintained by the Arkansas Department of Finance and Administration to:

This authorization is: (check one)

_____ limited to this one request. _____ continuous until withdrawn in writing by taxpayer.

Signature of Taxpayer _____

Title: _____

Subscribed and Sworn to before me this _____ day of _____, 20_____.

(Seal) *Notary Public* _____

Form **ET007**